

39.0.0 WISCONSIN WELL WOMAN MEDICAID

39.1.0 Introduction

39.1.1 Wisconsin Well Woman Medicaid

Wisconsin Well Woman Medicaid, administered by the Division of Health Care Financing (DHCF) provides eligible women with access to full-benefit Medicaid (MA) services.

39.1.2 Wisconsin Well Woman Program (WWWP)

The Wisconsin Well Woman Program (WWWP) is administered by the Division of Public Health (DPH), and is not MA. WWWP provides eligible women with various health screenings (including breast and cervical cancer screening), referrals, education, and outreach.

WWWP performs the financial and initial non-financial screening for Wisconsin Well Woman Medicaid. The woman must have a health screening, diagnosis, and need for treatment for breast or cervical cancer through WWWP to be considered eligible for Wisconsin Well Woman Medicaid.

39.2.0 Non-financial Requirements

The following are Wisconsin Well Woman Medicaid specific non-financial requirements:

1. Meet general MA non-financial requirements (40.2.0).
2. Be at least 35 years old but under age 65.
3. Have been screened for breast or cervical cancer by WWWP.
4. Be diagnosed for breast or cervical cancer, or certain pre-cancerous conditions of the cervix, as identified by the screener.
5. Require treatment for the breast or cervical cancer, or certain pre-cancerous conditions of the cervix, as identified by the screener.
6. Not be eligible for any other subprogram of MA, including BadgerCare.
7. Meet the insurance coverage requirements listed below in 39.2.1.

39.2.1 Disqualifying Insurance Coverage

A woman is ineligible for Wisconsin Well Woman Medicaid if she is covered by any one of the following:

- Group health plans.
- Health insurance.

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39.2.1 Disqualifying Insurance Coverage (cont.)

- Medicare Parts A or B.
- Any other category of MA.
- Veteran's benefits/CHAMPUS.
- HIRSP.
- Federal employee health plans.
- Peace Corps health plans.
- Other private or public health care plans.

39.2.2 Non-Disqualifying Insurance Coverage

- The following health care benefits do not disqualify a client from Wisconsin Well Woman Medicaid:
 1. Coverage only for accident, or disability income insurance, or any combination thereof.
 2. Liability insurance, including general liability insurance and automobile liability insurance.
 3. Workers' compensation or similar insurance, credit-only insurance.
 4. Coverage for on-site medical clinics.
 5. Other similar insurance coverage, specified in regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.
 6. Indian Health Services.
- Separate health insurance benefits that are not considered health insurance if offered separately are:
 1. Limited scope dental or vision benefits.
 2. Benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof.
- Independent uncoordinated benefits are not considered health care insurance if offered as independent and/or uncoordinated benefits (e.g., coverage only for specified disease or illness, hospital indemnity or other fixed indemnity insurance).
- Separate insurance policies are not considered health insurance if offered as a separate insurance policy:
 1. Medicare supplemental health insurance.

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39.2.2 Non-Disqualifying Insurance Coverage (cont.)

2. Coverage supplemental to the coverage provided under Chapter 55 of Title 10.
3. Similar supplemental coverage under a group health plan.

However, Medicare Parts A or B disqualify a client from Wisconsin Well Woman Medicaid eligibility.

39.3.0 Financial Requirements

Do not test for assets or income. Financial requirements are addressed through the WWWP enrollment process.

39.4.0 Wisconsin Well Woman Program Screening

WWWP Local Coordinating Agencies perform most of the basic non-financial and financial data gathering, review, and verification before referring the woman to a provider for a health screening. The WWWP screener and/or providers will:

1. Complete and sign DPH 4818 with the assistance of the client prior to the health screening.
2. Perform a health screening, and complete HCF 10075 with a diagnosis and an indication of whether or not treatment is required.
3. Identify in the HCF 10075 "Comment" section the beginning and end dates of the presumptive eligibility (PE) for Wisconsin Well Woman Medicaid (39.5.0).
4. Explain that the duration of the client's PE for Wisconsin Well Woman Medicaid will conclude at the end of the following calendar month.
5. Provide the client with a copy of the signed HCF 10075 and DPH 4818 forms. Forward a copy of the HCF 10075 to the WWWP Local Coordinating Agency.

The Local WWWP Coordinator should then fax a copy of the completed HCF 10075 to EDS at (608) 221-8815 within five days of the diagnosis date. EDS will enter the PE data in MMIS (with a medical status code of CB) and send the client a Forward card with the PE dates activated on the card.

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39.5.0 Wisconsin Well Woman Medicaid Presumptive Eligibility

PE for Wisconsin Well Woman Medicaid is available for women if the provider performing the health screening is a certified MA provider. The provider doing the medical screening enters the PE dates in the “Comments” section on the HCF 10075. The dates should cover the time period from the date of diagnosis through the last day of the following calendar month.

The client may receive services by presenting both of the following completed forms to any MA provider:

- WWWP Enrollment Form (DPH 4818).
- Wisconsin Well Woman Medicaid Determination Form (HCF 10075).

To continue receiving Wisconsin Well Woman Medicaid, the client must apply at the local Economic Support Agency (ESA). If the client does not apply, the client’s MA benefits will terminate at the end of the month following the month of diagnosis.

The Local WWWP Coordinator faxes the completed HCF 10075 to EDS. EDS will record the dates of the PE in MMIS and issue the client a Forward card. ES workers cannot deny or close the PE segment before the end date established by the WWWP healthcare provider.

There is no limitation to the number of PE segments that the client can have for Wisconsin Well Woman Medicaid.

39.6.0 Application

To apply for Wisconsin Well Woman Medicaid, the client must send or bring the completed DPH 4818 and HCF 10075 forms to her local ES agency. The client may apply for Wisconsin Well Woman Medicaid at any time after the client’s WWWP screening diagnosis. ES may only back-date the client’s eligibility to the first of the month up to three months prior to the application date, or the first of the month in which the diagnosis date occurs, whichever is later.

Use the two forms listed in 39.5.0 in place of the standard application forms. Do not enter the woman’s information into CARES for purposes of Wisconsin Well Woman MA eligibility, as the program requires manual determination.

The date of receipt of the HCF 10075 is the filing date. Use the verification policy listed in 37.0.0 for any items requiring verification.

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39.6.0 Application (cont.)

Complete the following steps to certify a client for Wisconsin Well Woman Medicaid:

1. Review DPH 4818 for a “No” answer to the following questions:

- a. Does the client have any health insurance? (Item #32)

If the client answers “Yes,” determine if the insurance is one of those listed in 39.2.1. If “Yes,” the woman is ineligible for Wisconsin Well Woman Medicaid. Refer her to the WWWP, and send a manual negative notice.

- b. Does the client have Medicare Part B? (Item #33)

and

Ask the client if she has Medicare Part A.

If the client answers “Yes” to either of the other questions, the client is ineligible for Wisconsin Well Woman Medicaid.

2. Review DPH 4818 to ensure that the following fields have been completed: 1-5, 9-13, 16-25, 27-45.

If the form is incomplete, request that the client provide any missing information. If the client does not provide all necessary information, there may be a delay in benefits.

3. Review HCF 10075 for a SSN. If the SSN is missing from HCF 10075 and is not present on DPH 4818 (#6a), ask the client to provide her SSN and enter it on HCF 10075. Providing an SSN for the WWWP is voluntary, but providing a SSN, or applying for one, is required for Wisconsin Well Woman Medicaid.

If the client fails to provide a SSN, or fails to apply for a SSN (IMM, Ch. I, Part C, 8.4.3.1) within the 30-day application processing time or within ten days (whichever is later), send a manual negative notice to the client indicating that she is not eligible for Wisconsin Well Woman Medicaid.

4. Ask the client if she is a citizen.

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39.6.0 Application (cont.)

If the client is not a citizen, ask her what her alien status is and to provide her alien registration card. Verify that the client is in a qualified alien status using the SAVE system (IMM, Ch. I, Part D, 4.0.0).

Note: Some clients with breast and cervical cancer who do not meet the immigration-related eligibility criteria may be eligible to receive emergency services. If a non-qualifying alien has been screened for WWWP, determine her eligibility for emergency services using the criteria in 2.3.0.

5. If there are any questionable items, contact the WWWP Local Coordinating Agency.
6. Submit a 3070 with a medical status code of "CB" to certify any client who has met the criteria listed above. Submit the completed 3070 to EDS through one of the following methods:

- Mail: EDS Attn: Donna Bare
6406 Bridge Rd
Madison, WI 53716
- E-mail: eds_3070@dhfs.state.wi.us

When submitting an e-3070, enter "Attn: Donna Bare" in the "Comments" section.

- FAX: (608) 221-8815

Certify the client for 12 months from the filing date and backdate to whichever is more recent:

- a. Up to three months prior to the filing date, **or**
- b. To the first day of the month in which the date of the diagnosis occurs (HCF 10075), **or**
- c. January 1, 2002.

Example. Sherry is diagnosed with cervical cancer on May 16, 2002. The WWWP healthcare provider certifies Sherry for Wisconsin Well Woman Medicaid PE from May 16, 2002 through June 30, 2002.

Sherry applies for Wisconsin Well Woman Medicaid on May 5, 2002. ES certifies her for Wisconsin Well Woman

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39.6.0 Application (cont.)

Medicaid from May 1st through April of the following year.

ES sends Sherry a notice by March 17, 2003 indicating that her review is due by the end of April 2003.

If the client applies during her PE Wisconsin Well Woman Medicaid period, and you are not able to process her application within the 30-day processing time frame, extend her eligibility for an additional 30 days from the last day of her Wisconsin Well Woman Medicaid PE (HCF 10075 "Comments" section) with a medical status of "CB."

To contact the Local Coordinating Agencies refer to #27 of DPH 4818.

39.7.0 Changes

Terminate eligibility, using adverse action logic, if the client:

1. Reaches the age of 65 years.
2. Moves out of state.
3. Reports that she no longer needs treatment for breast or cervical cancer.
4. Obtains health insurance or another type of MA.

Send a manual negative notice to the client if one of these changes is reported, indicating that she is no longer eligible for Wisconsin Well Woman Medicaid. At this point test her through CARES for any other MA eligibility.

39.8.0 Reviews and Recertifications

Reviews/recertifications (29.2.1) are required every 12 months after the initial eligibility determination at the client's Wisconsin Well Woman Medicaid enrollment date. A review for Wisconsin Well Woman Medicaid only consists of receiving an updated HCF 10075 Wisconsin Well Woman Medicaid Determination (Refer to Example in 39.6.0.)

Each local agency must develop a manual method for scheduling and tracking reviews. Notify the client 45 days before a review is due, and indicate what materials or information to send or bring with her.

Like other MA subprograms, the client has the option of responding to the review process by mail, phone, or in person. At review, the client must provide ES, by mail, fax, or in person with a newly completed HCF 10075 that indicates that the client is still in need of treatment for breast or cervical cancer, as certified by her health care provider.

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**39.8.0 Reviews and
Recertifications** (cont.)

ES should ultimately get a copy of the HFC 10075 designated “ES” at the bottom. Send a manual positive notice if all requirements are met.

Send a manual negative notice at least ten days prior to the case closing if the woman does not provide HCF 10075 or reports one of the changes listed in 39.7.0.